

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



February 28, 1992

ALL-COUNTY INFORMATION NOTICE No. I-12-92

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY GAIN COORDINATORS

SUBJECT: REVISION TO THE WORKERS' COMPENSATION INSURANCE CLAIM
PROCEDURES IN THE GAIN PROGRAM

The purpose of this notice is to advise you of the addition of Section 5401.7 to the California Labor Code, effective January 1, 1992. The addition of Section 5401.7 requires the inclusion of fraud penalty language to all Workers' Compensation Claim Forms submitted for processing.

All GAIN PREP providers have been or will be provided forms and instructions concerning the addition of Section 5401.7 of the California Labor Code. Enclosed for your information is the form with the fraud statement that State Compensation Insurance Fund (SCIF) instructed providers to use. Until SCIF incorporates this statement on the claim form, providers of GAIN PREP must use the attached form when submitting claims to SCIF.

If you have any questions, please contact your GAIN and Employment Services Operations analyst at (916) 657-3403 or CALDEX 437-3403.

A handwritten signature in dark ink, appearing to read 'Robert A. Horel', written over a horizontal line.

ROBERT A. HOREL
Deputy Director

Enclosure

"ANY PERSON WHO MAKES OR CAUSES TO BE MADE ANY
KNOWINGLY FALSE OR FRAUDULENT MATERIAL STATEMENT OR
MATERIAL REPRESENTATION FOR THE PURPOSE OF OBTAINING
OR DENYING WORKERS' COMPENSATION BENEFITS OR
PAYMENTS IS GUILTY OF A FELONY."

SIGNED

DATED: _____